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AW6  
957m  
1942

WISCONSIN. STATE BOARD OF HEALTH  
MORTALITY STATISTICS



WA 900 AW6 qS7m 1942

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# MORTALITY STATISTICS

SHOWING TREND OF  
CERTAIN DISEASES  
IN WISCONSIN

*Wisconsin. State Board of Health*



1942  
STATE BOARD OF HEALTH  
MADISON  
WIS.



WA  
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# TEN LEADING CAUSES OF DEATH WISCONSIN 1941

CAUSES	NUMBER OF DEATHS	PERCENTAGE OF TOTAL
DEATHS, ALL CAUSES	30,446	100%
HEART DISEASE	9,234	30.3%
CANCER	4,215	13.8%
CEREBRAL HEMORRHAGE	2,653	8.7%
ACCIDENTS	2,267	7.4%
NEPHRITIS	1,757	5.8%
PNEUMONIA	1,181	3.9%
DIABETES	887	2.9%
TUBERCULOSIS	773	2.5%
PREMATURE BIRTHS	634	2.1%
ARTERIO- SCLEROSIS	545	1.8%
ALL OTHER CAUSES	6,300	20.8%



## AVERAGE AGE AT DEATH

Average age at death should not be confused with life expectancy. The average age at death is determined by adding all the years lived by all who died during any year and dividing the sum by the total number of deaths. Life expectancy is the estimated length of life ahead of a child at birth.

Life expectancy in Wisconsin is now many years longer than the present average age at death. Our life expectancy, based on a life table recently prepared, is 61.5 years for males and 64.6 years for females.

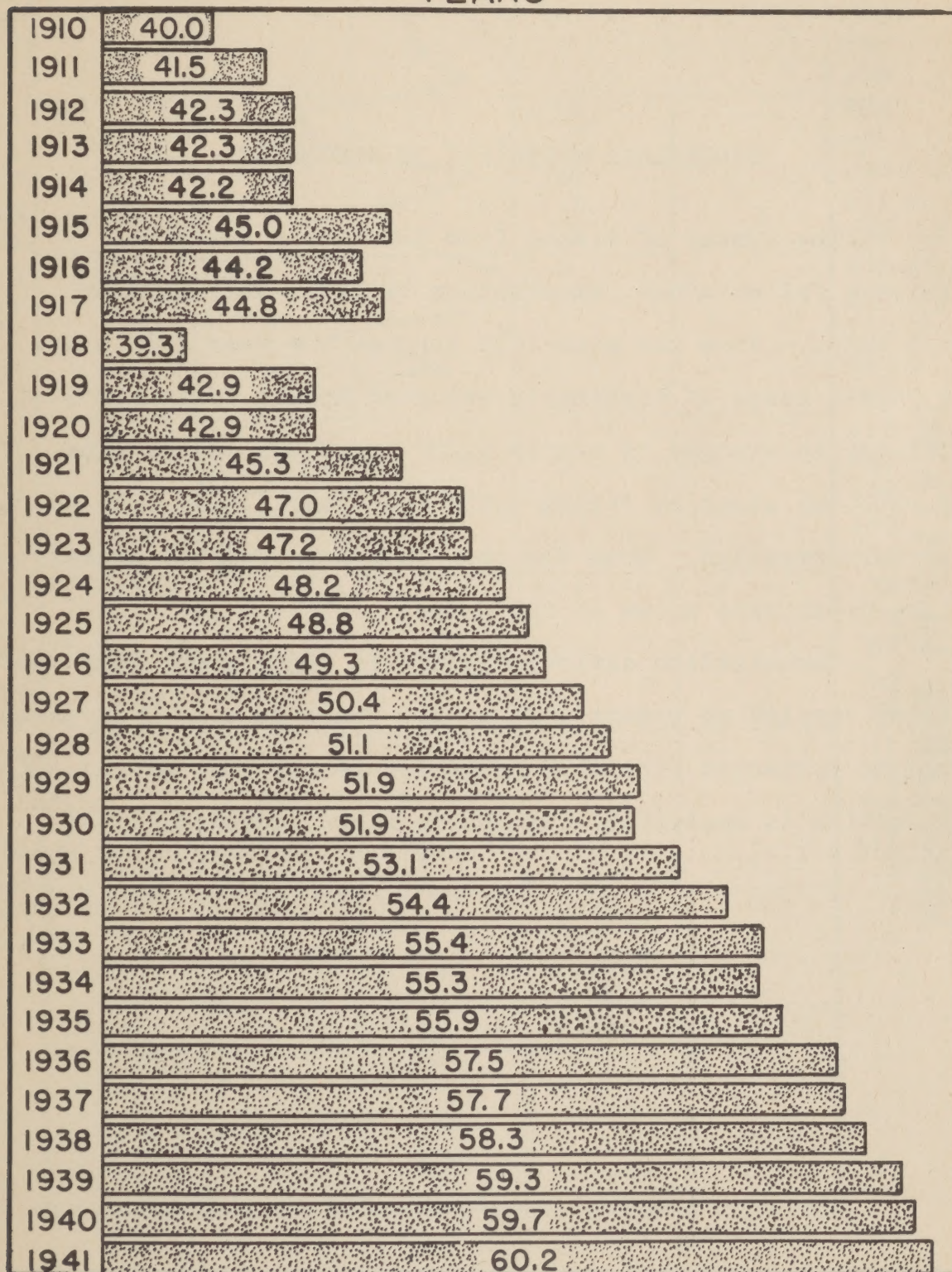
This means that male children now being born may be expected to live 61.5 years on the average, while female children now being born may be expected to live 64.6 years in the average. Factors leading to increased longevity are the marked decline in fatalities from the communicable diseases, such as diphtheria, typhoid and tuberculosis, from acute intestinal infections and in infant mortality. Many other diseases common to the first half of life have a lessened mortality. Deaths from degenerative diseases and cancer are numerically on the increase in the latter half of life.



# AVERAGE AGE AT DEATH

WISCONSIN

YEARS



NOTE — THE MARKED SETBACKS OF 1918-1920 WERE DUE TO THE INFLUENZA EPIDEMIC.



## DIPHTHERIA MORTALITY IN WISCONSIN

The number of deaths from diphtheria has progressively fallen since immunization by toxin-antitoxin or toxoid began. From the year 1915 through the year 1924 there were 29,591 cases of diphtheria reported to the State Board of Health (or an average of nearly 3,000 cases per year). The case rate has steadily fallen until last year (1941) only 47 cases were reported. Thus the case rate has declined sharply as has the death rate shown on the graph.

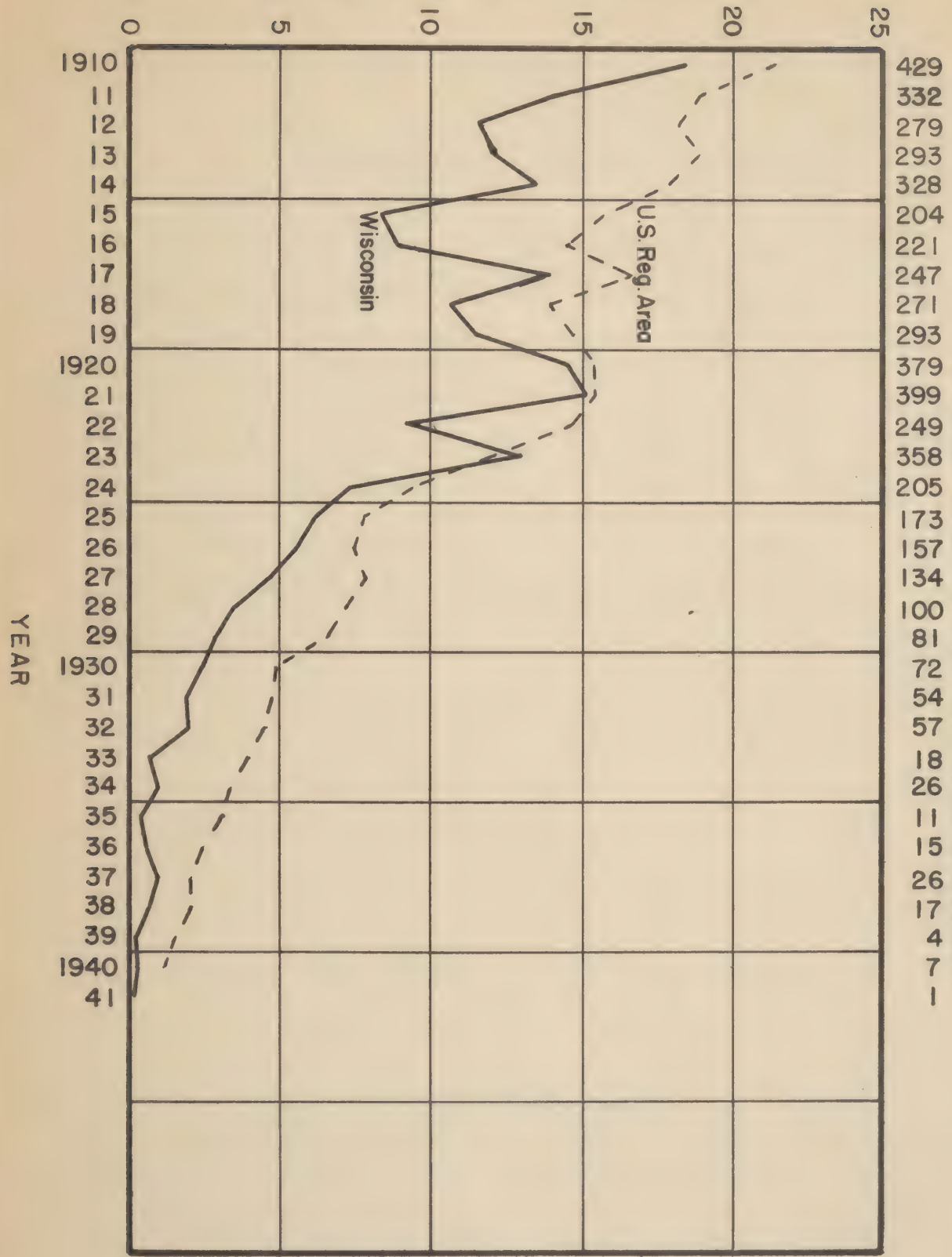
Immunization against diphtheria began about 1923 and is being carried on extensively as the years go by. Every child should be protected from diphtheria before one year of age. When immunization is neglected, diphtheria cases increase.



# DIPHTHERIA

## TOTAL DEATHS IN WISCONSIN

DEATH RATE PER 100,000 POPULATION



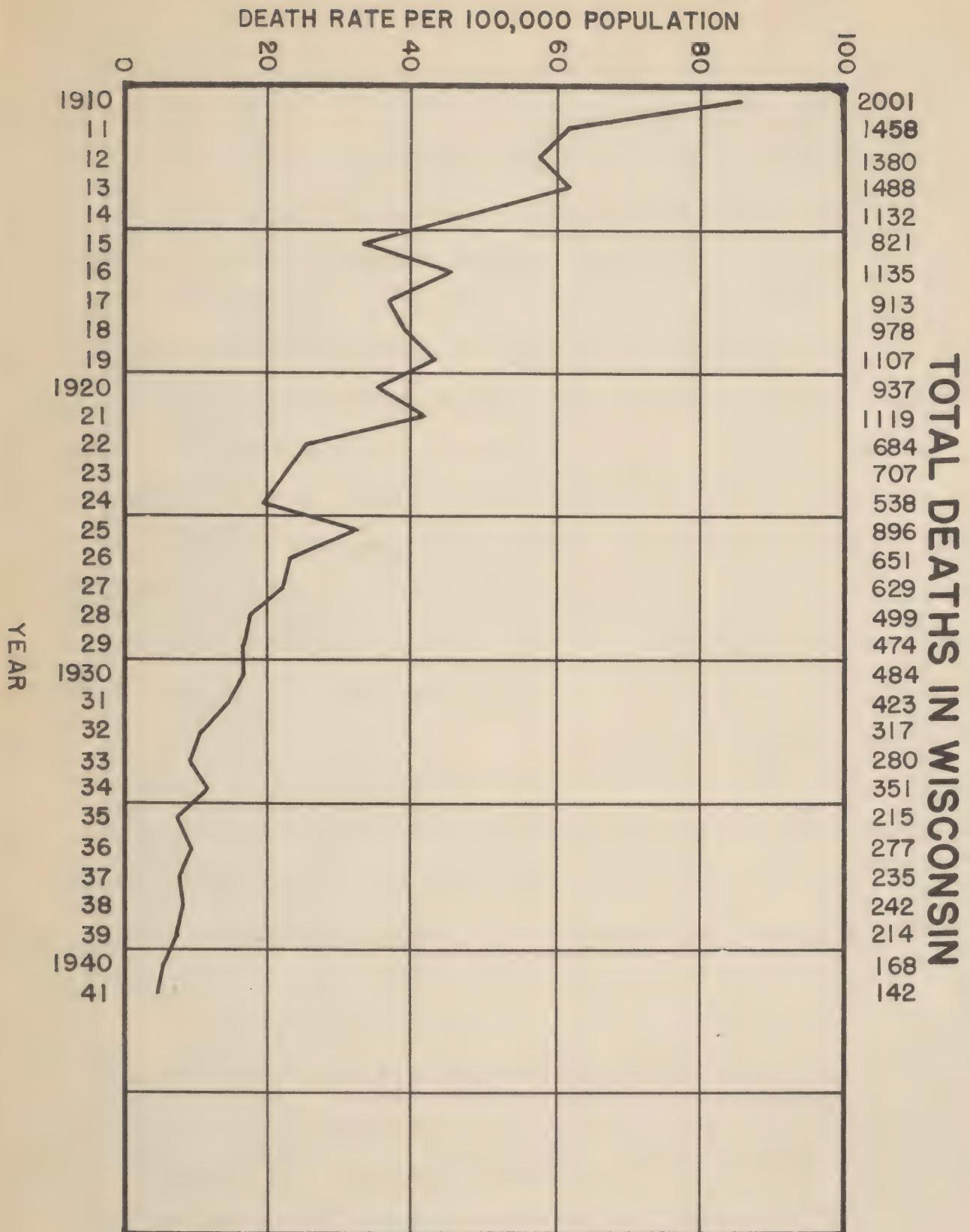


## DYSENTERY, DIARRHEA AND ENTERITIS

Dysentery, diarrhea and enteritis are terms referred to varying disturbances of the intestinal tract brought about by harmful bacteria and parasites or some foreign substance against which the body rebels. These disease substances are generally carried into the body in food, unclean milk or water. Progressive improvement in the sanitary care of water and milk and public food supplies and increasing knowledge on the proper care of food in the home and especially in the care of infants have all played a part in the great decline in the mortality from this class of diseases. This chart shows how important the elements of sanitation are to our welfare.



# DYSENTERY, DIARRHEA AND ENTERITIS





## MEASLES

Measles is a highly communicable disease. Although it is commonly known as a child's disease, adults may contract it. It is transmitted by the secretions of the nose and throat of the person having the ailment. During the first three or four days of the disease the symptoms resemble those of a common cold with fever. It is communicable during this time to others and for a time after the rash appears. Much of the prevalence of measles is due to the difficulty of correctly diagnosing it in this early catarrhal stage, and thus others become exposed. The exposed person does not develop measles until ten to fourteen days after exposure and will not spread the disease until the catarrhal symptoms appear. While the fatalities are low compared with the number of existing cases, there is always some risk. About 70% of the deaths are in children under five years of age and pneumonia is a frequent complication.

When measles is prevalent in a community every effort should be made to keep children from association with those who have a cold. During such a period teachers should send home any child with a cold and readmit such child only after it is apparent that measles is not present. Special effort should be made to guard the small children.

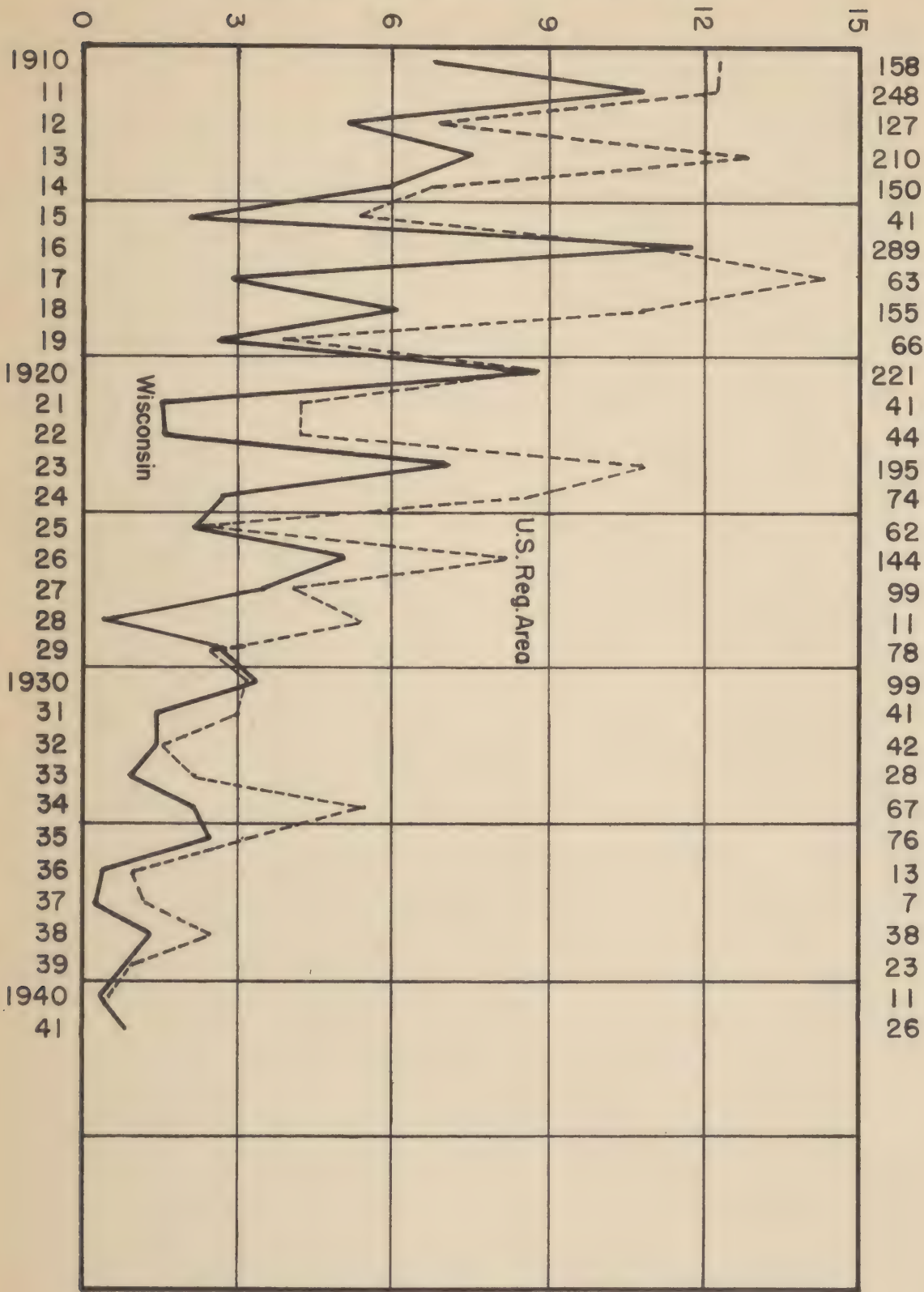
It is important that the patient be in bed from the beginning of the cold until the fever has gone. This is to avoid pneumonia. Good medical and nursing care has doubtless been responsible for much of the decline in mortality in recent years shown in the chart.



# MEASLES

## TOTAL DEATHS IN WISCONSIN

DEATH RATE PER 100,000 POPULATION





## MENINGITIS

Meningitis, sometimes known as brain fever, is often caused by a germ known as the "meningococcus" and it occasionally becomes epidemic in a local population. The majority of cases of meningitis, however, are a complication caused by the germs of some other diseases, such as septic poisoning germs, pneumonia germs, and others.

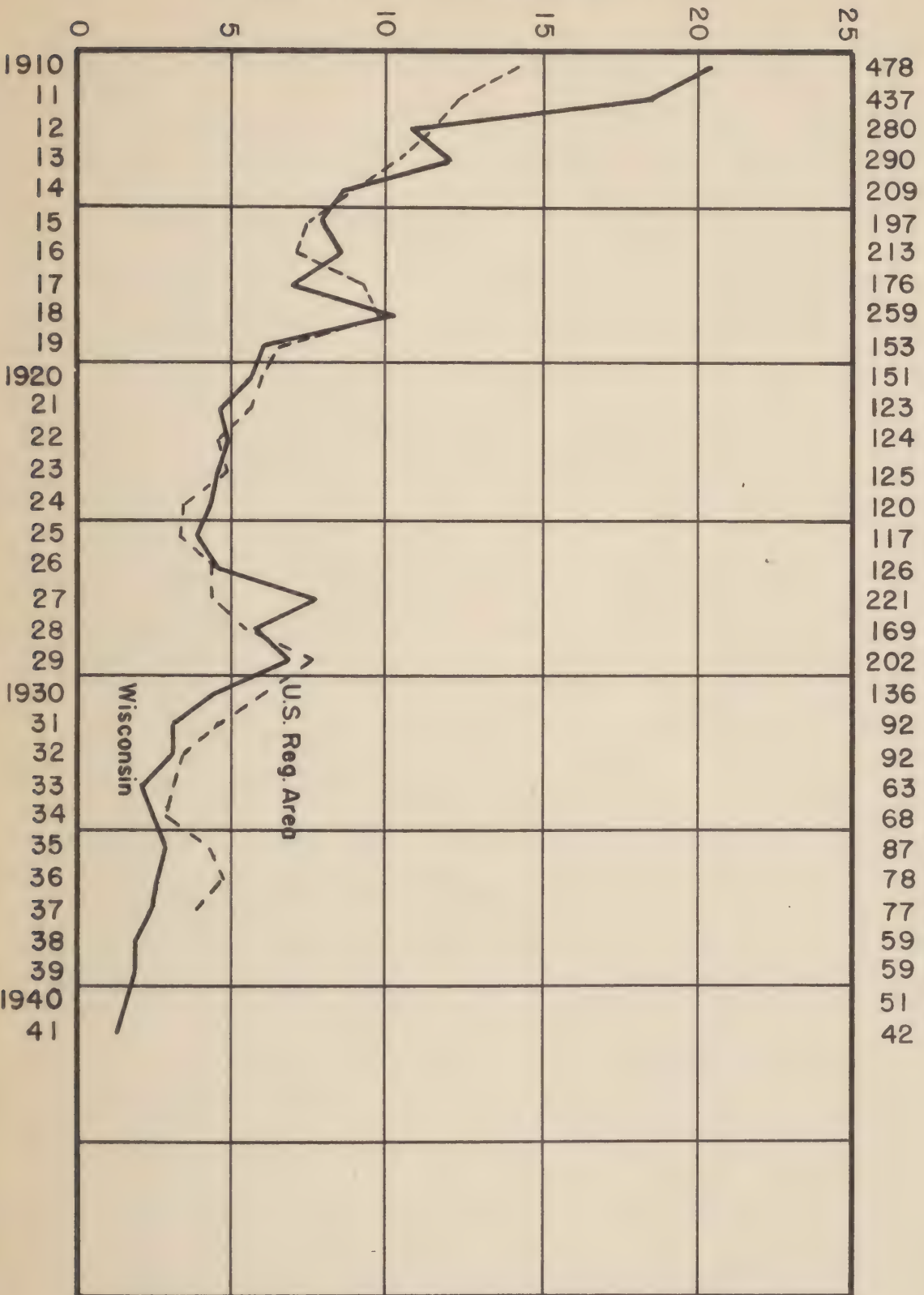
The accompanying chart shows a very marked decline since the year 1910. The only elevations in the graph occurred in epidemic years. Many of the deaths from meningitis occur in infancy. With the improvement in the care of infants resulting in a reduction of intestinal infections and with the decline in the prevalence of the communicable diseases, the death rate from complicating meningitis has lessened. In the epidemic form a special serum and certain drugs have been quite effective for treatment.



# MENINGITIS ALL FORMS

## TOTAL DEATHS IN WISCONSIN

DEATH RATE PER 100,000 POPULATION





## PNEUMONIA

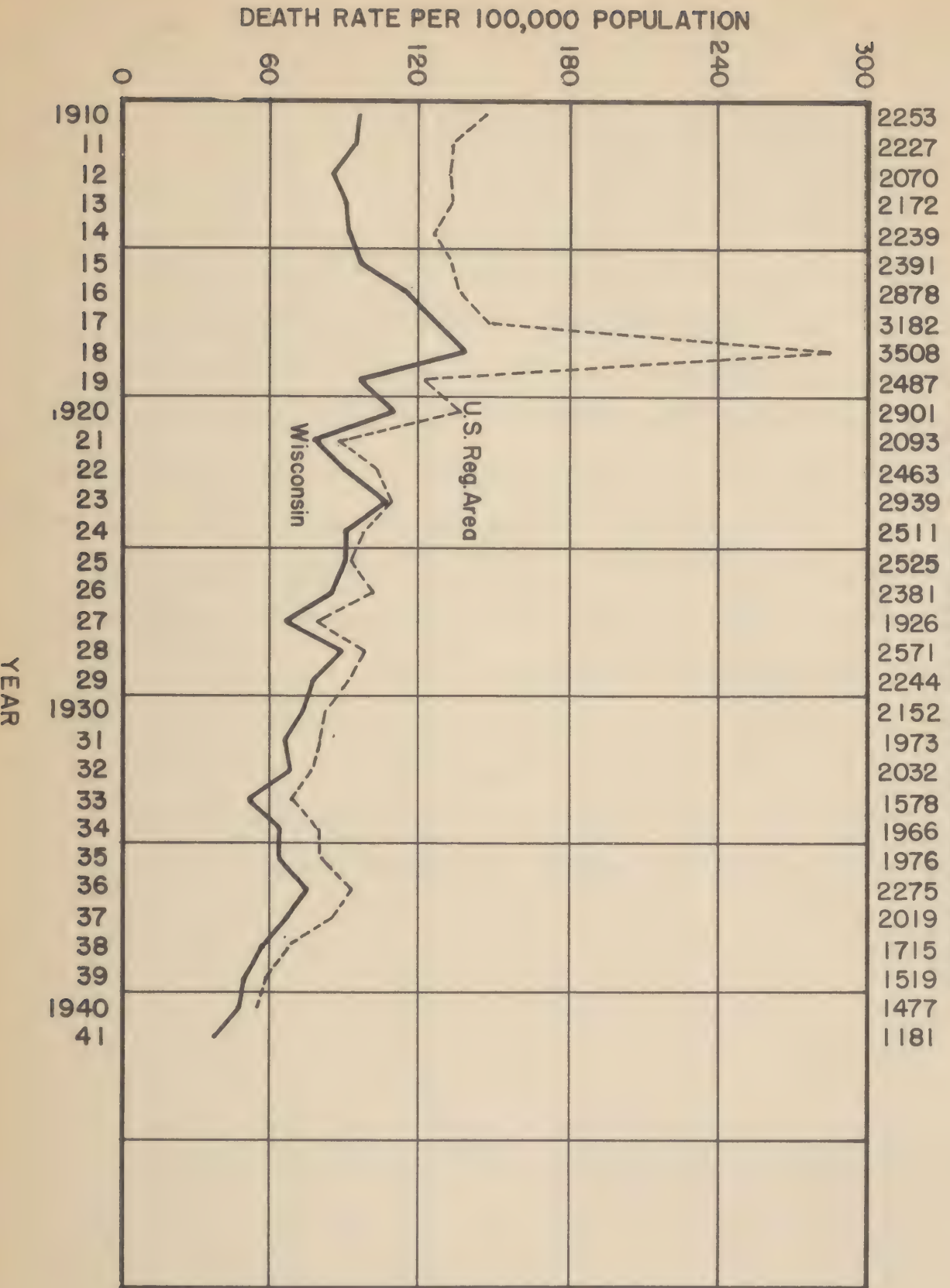
While the pneumonia death rate has shown a decline in this country, it is still a great factor in the loss of life. The rises in the death rate shown in the graph have occurred in periods when influenza has been prevalent. Pneumonia frequently follows a common cold, or it may occur after unusual exposure to inclement weather, or it may follow some depressing bodily condition. Due care of a cold or proper rest during depressed state may be instrumental in warding off pneumonia.

Special attention is called to the accompanying pneumonia chart, particularly as it pertains to the flu epidemic of 1918. The epidemic of 1918 took the form of a plague. It struck so hard in the various communities that medical and nursing care, generally speaking, was not available. People in large assemblies became exposed and great groups were taken ill at practically the same time. In Wisconsin all assembling of people was prohibited. Schools, churches and theaters were closed, and public lectures and all public gatherings of every type were prohibited. Therefore, the number of mass exposures were markedly reduced, and the death rate from flu in Wisconsin was 136 per 100,000, while in the United States as a whole the rate was 285 per 100,000.



# PNEUMONIA

## TOTAL DEATHS IN WISCONSIN





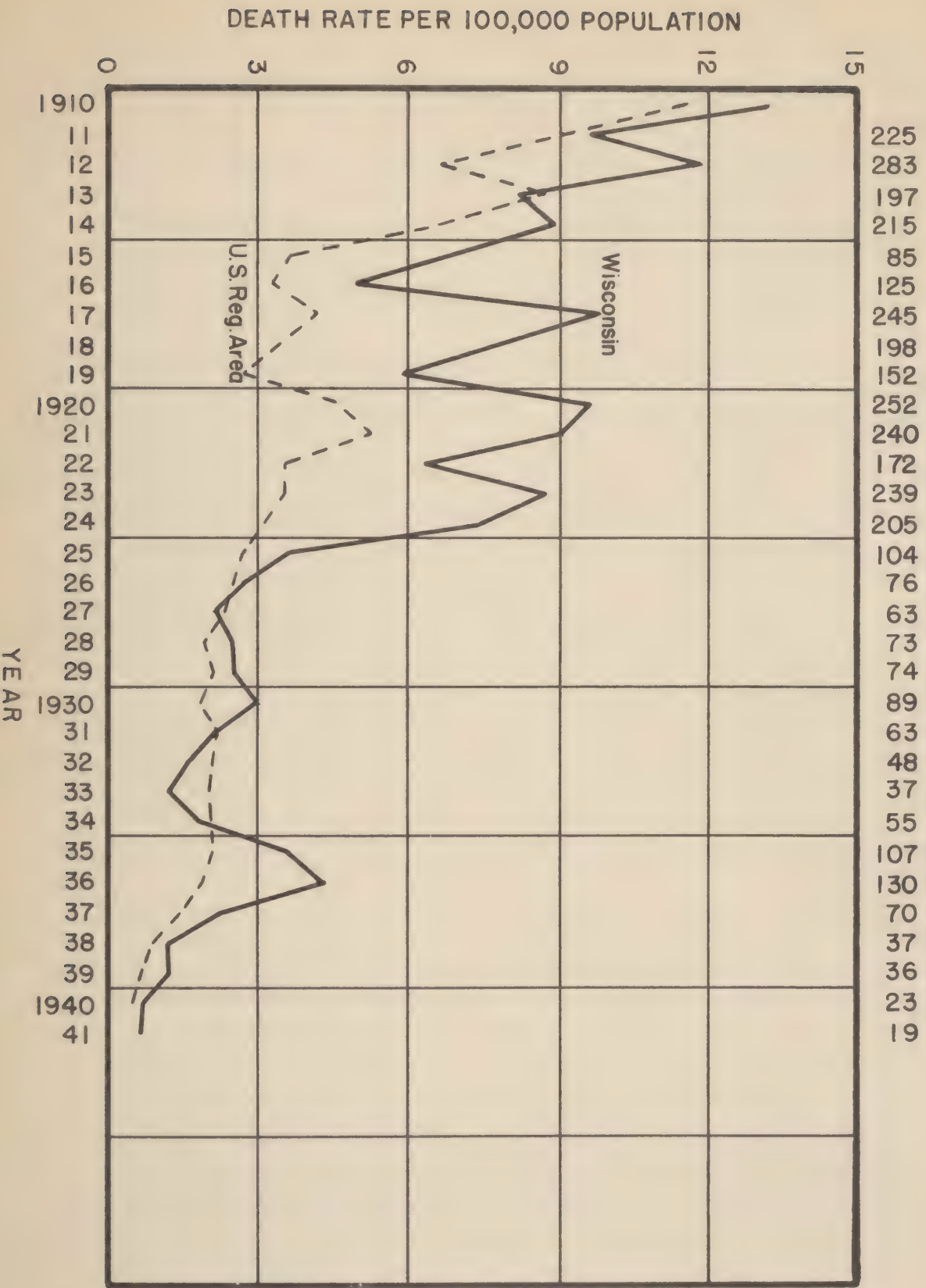
## SCARLET FEVER

The number of cases of scarlet fever has not greatly decreased in Wisconsin. The type of disease, however, has become increasingly mild. The decline in death rate shown on the opposite chart is due in part to the mildness of the present type of the disease. The use of antitoxin and immune serum in the more serious cases has also doubtlessly contributed somewhat to the decline in death rate. Then, too, immunization against the disease has prevented many from having scarlet fever.

Scarlet fever occurs more frequently in the northern states than in the southern states. One difficulty in controlling the prevalence of the disease is the occasional existence of mild cases which may go unrecognized as scarlet fever.

# SCARLET FEVER

## TOTAL DEATHS IN WISCONSIN





## SMALLPOX

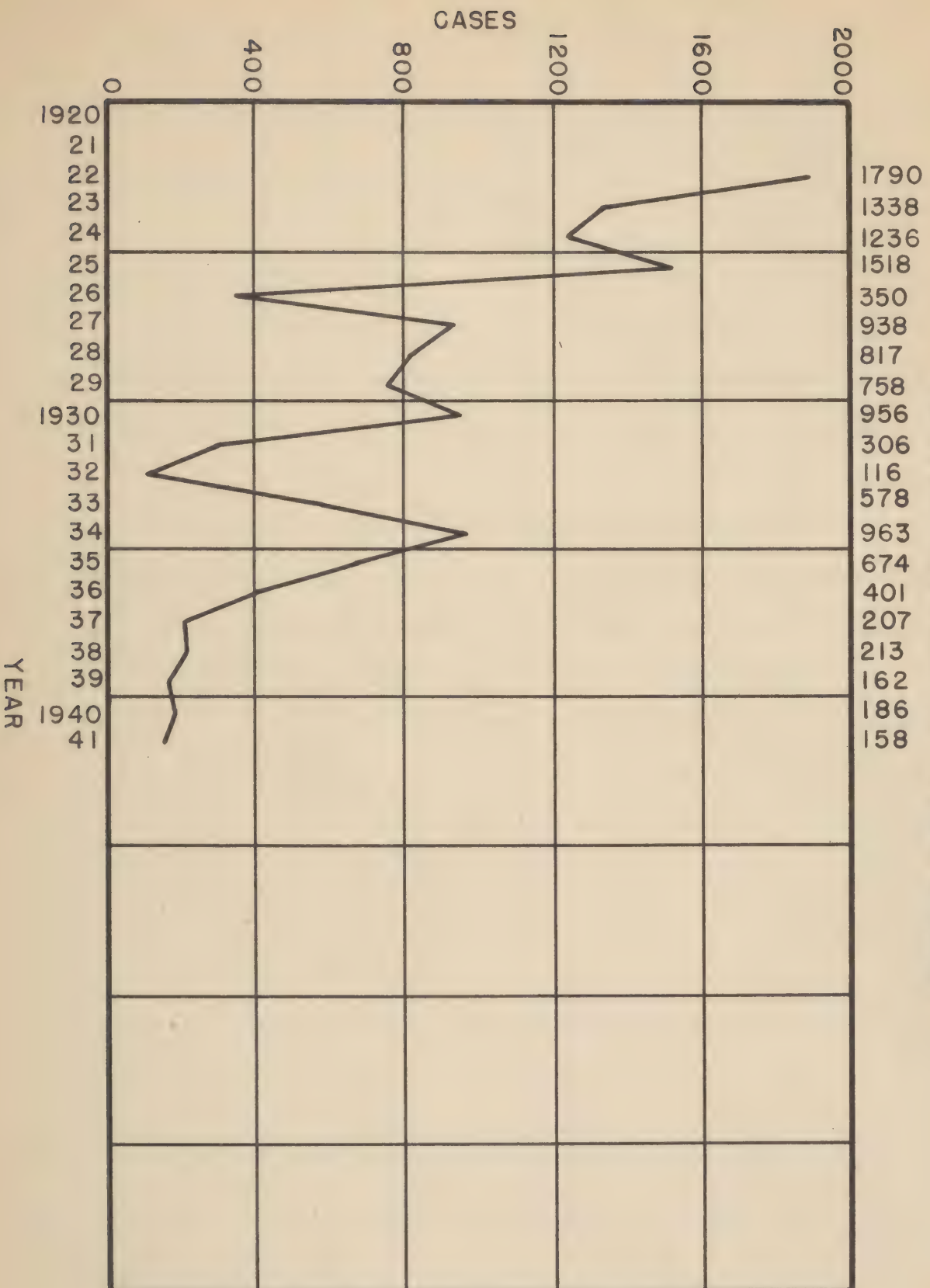
Smallpox is a highly contagious disease. Every year a number of persons in Wisconsin contract smallpox as the chart shows. For the most part, a mild type has prevailed in late years. During 1924 and 1925 a malignant type was present and in the latter year 530 cases of this severe type occurred resulting in 127 deaths. Widespread vaccination at many points throughout the state finally put an end to this outbreak.

Smallpox thrives where vaccination is neglected. Every child should be vaccinated before the end of the first year of life.

# SMALLPOX

## CASES REPORTED ANNUALLY IN WISCONSIN

### TOTAL CASES IN WISCONSIN





## TUBERCULOSIS

The present death rate from all forms of tuberculosis is only one quarter of what it was in 1910. This record not only reflects improved living standards and sanitary conditions, but great strides in the control of tuberculosis by public health workers.

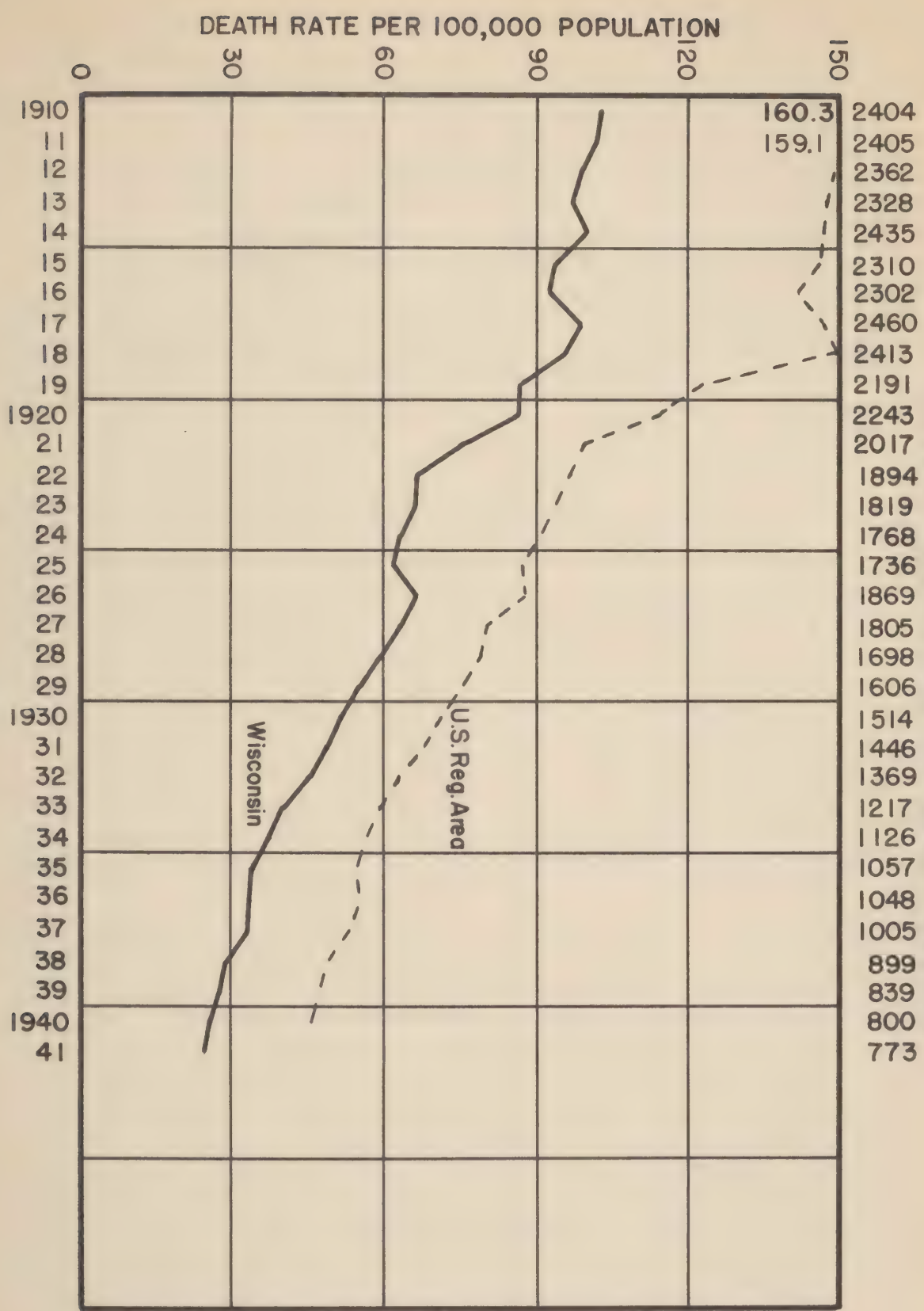
The greatest emphasis is now placed upon early case finding methods, employing the X-ray and photo-fluorograph in those groups of individuals where tuberculosis is known to be present.

Modern methods of treatment given in Wisconsin sanatoria offer great hope for recovery and rehabilitation, particularly to those individuals who have been fortunate enough to have their disease detected in its early stages.

# TUBERCULOSIS

ALL FORMS

TOTAL DEATHS IN WISCONSIN



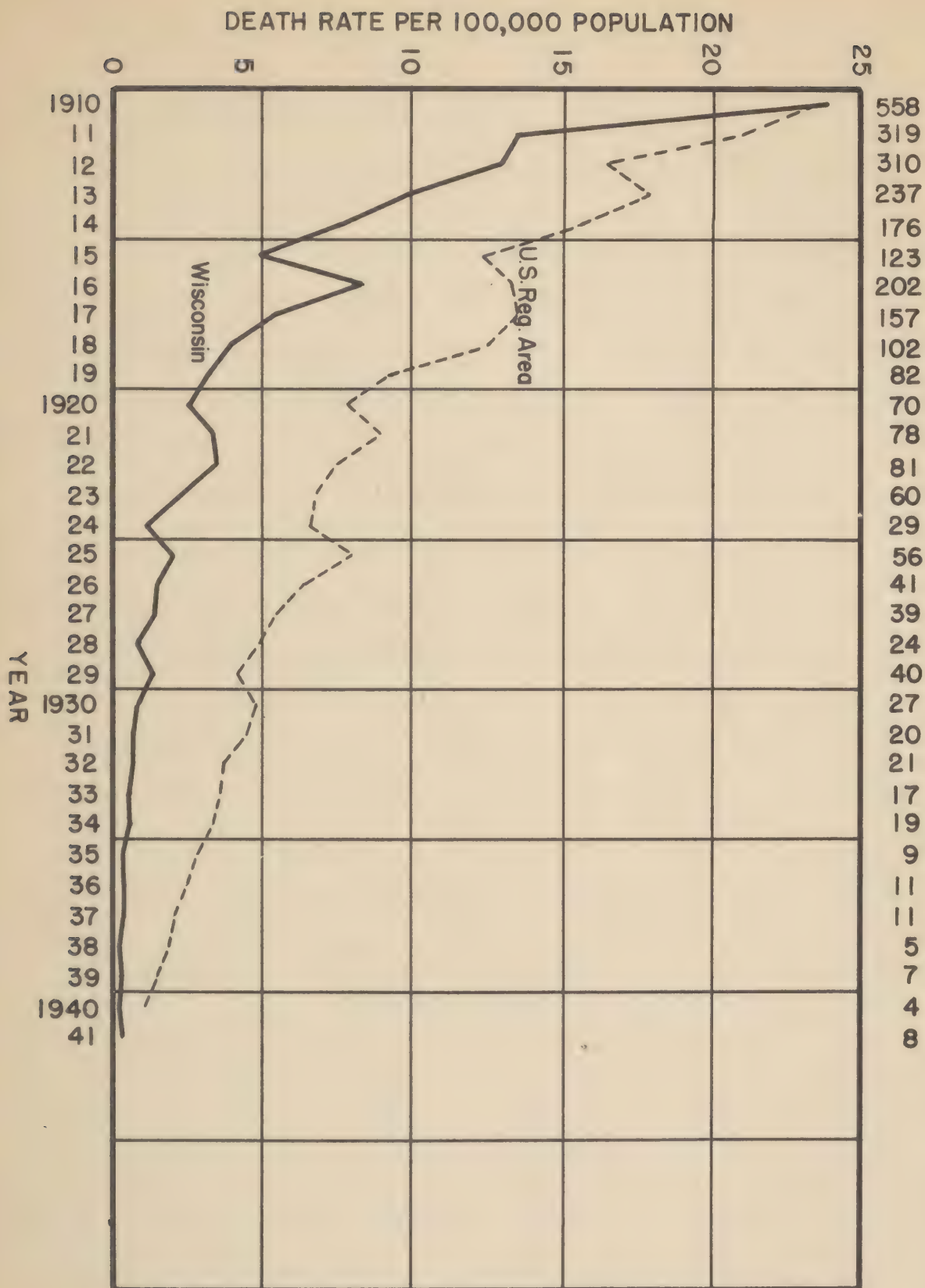


## TYPHOID FEVER

The present death and case rate in typhoid fever is commonly stated to indicate a "triumph in sanitation". During the period covered by this chart sanitary water supplies have been progressively placed in practically all cities and towns in Wisconsin. Either a deep well system or a chlorinated water supply from a lake or stream has been installed in each case. The State of Wisconsin is steadily at work on the improvement of water supplies throughout the extent of its territory and efforts are now being made to do away with stream pollution also. Likewise, in the period covered by this chart improved and pasteurized milk supplies have become established in most communities in Wisconsin. It is estimated that about 75% of the milk in cities and larger towns in Wisconsin is now pasteurized.

# TYPHOID FEVER

## TOTAL DEATHS IN WISCONSIN





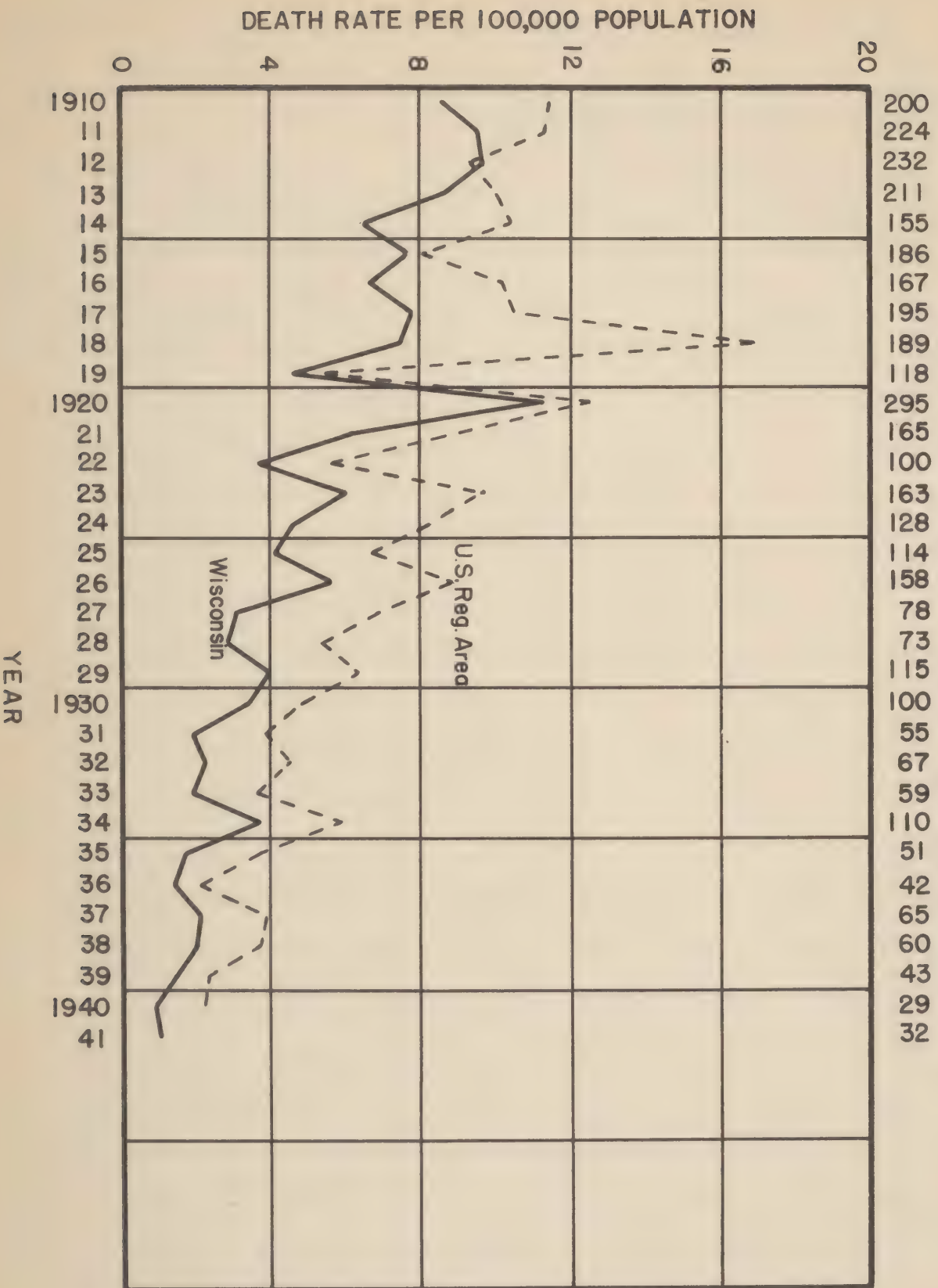
## WHOOPING COUGH

The mortality statistics have shown a decline in the mortality from whooping cough in the last twenty years. The improved medical and home care of children has played a part in this decline. The disease is spread by the secretions of the nose and throat during the first six weeks of the disease. During the first week or two the symptoms resemble a common cold and during that time the disease is communicable. Some mild cases have little or none of the whooping stage. When whooping cough is present in the community, all children with a cold should be kept at home until it is known that the affliction is not whooping cough.

Most of the fatalities are in small children under three years of age. Thus special efforts should be made to protect babies and small children from exposure. Since whooping cough is an important cause of death among infants, every child over nine months of age who has not had whooping cough, should have whooping cough vaccine as a preventive measure.

# WHOOPING COUGH

## TOTAL DEATHS IN WISCONSIN



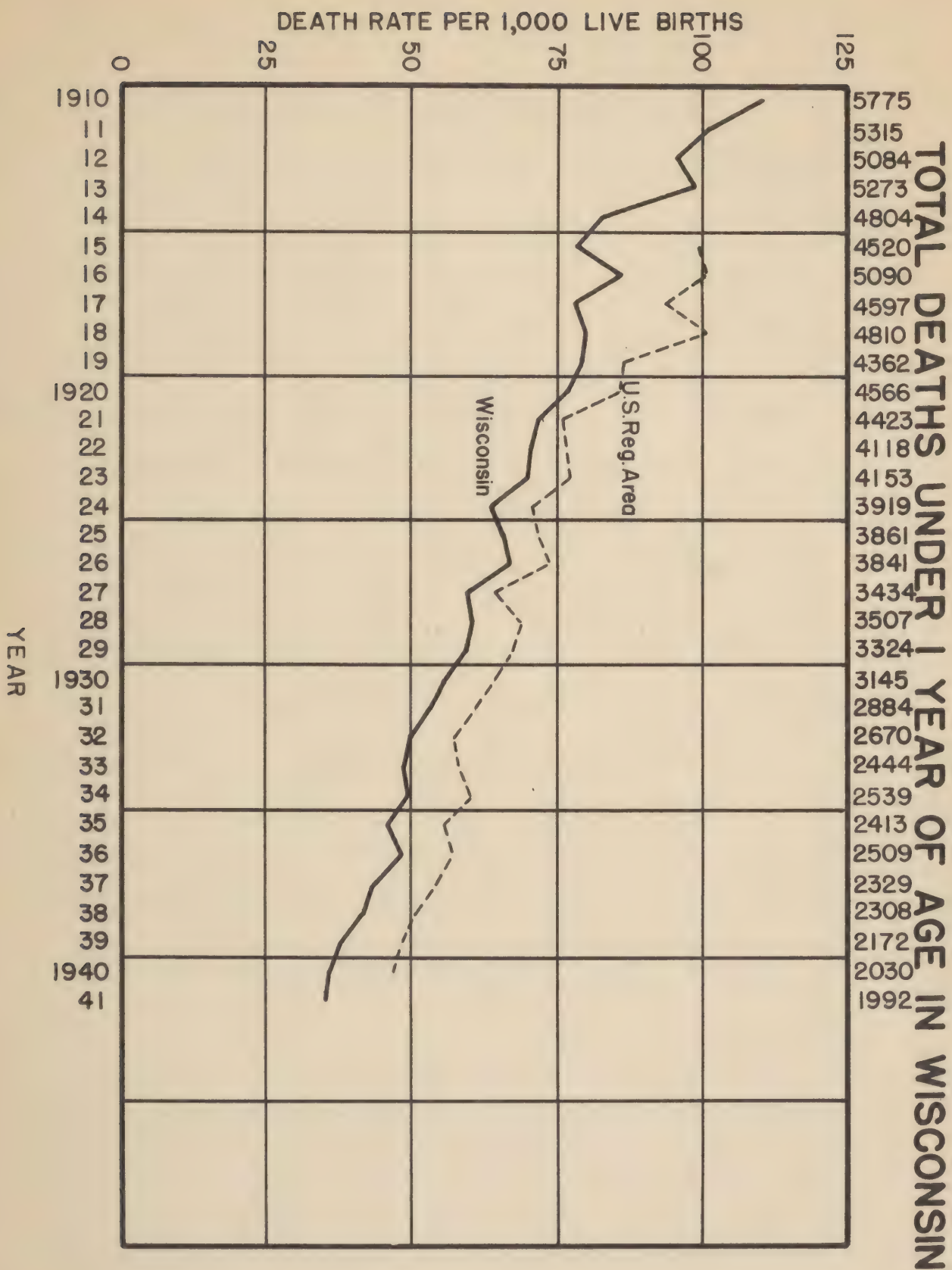


## INFANT MORTALITY

Since births vary from year to year, infant death rates are expressed as the number of babies dying in the first year of life for each 1,000 live births. Life conservation in the age group under one has contributed many years of life. The death rates for babies decreased from 109.3 per 1,000 live births in 1910 to 35.2 in 1941. This amounts to a 67.8% reduction. Many factors have contributed to the progress made, such as improved milk and water supplies; a better understanding of nutrition; advance in medical science; education of boys and girls and men and women for better parenthood. Progress has been and still must be largely in the field of prevention.

Two-thirds of our total infant deaths occur in the first month of life. In this neonatal period we look for the greatest changes in the future. Since more than half of these very early deaths are the deaths of premature babies, we can anticipate some saving if all mothers have careful medical supervision throughout pregnancy. Next in importance will be the care given to premature babies. Many of these can be saved if they have good nursing care. This includes the provision of an incubator. Many hospitals have incubators for the care of such babies. The Bureau of Maternal and Child Health of the State Board of Health distributed portable incubators for use when premature births occur at home. These incubators are available through the county nurse's office or the district health offices throughout Wisconsin. Local public health nurses gladly demonstrate home nursing care of premature babies.

# INFANT DEATHS





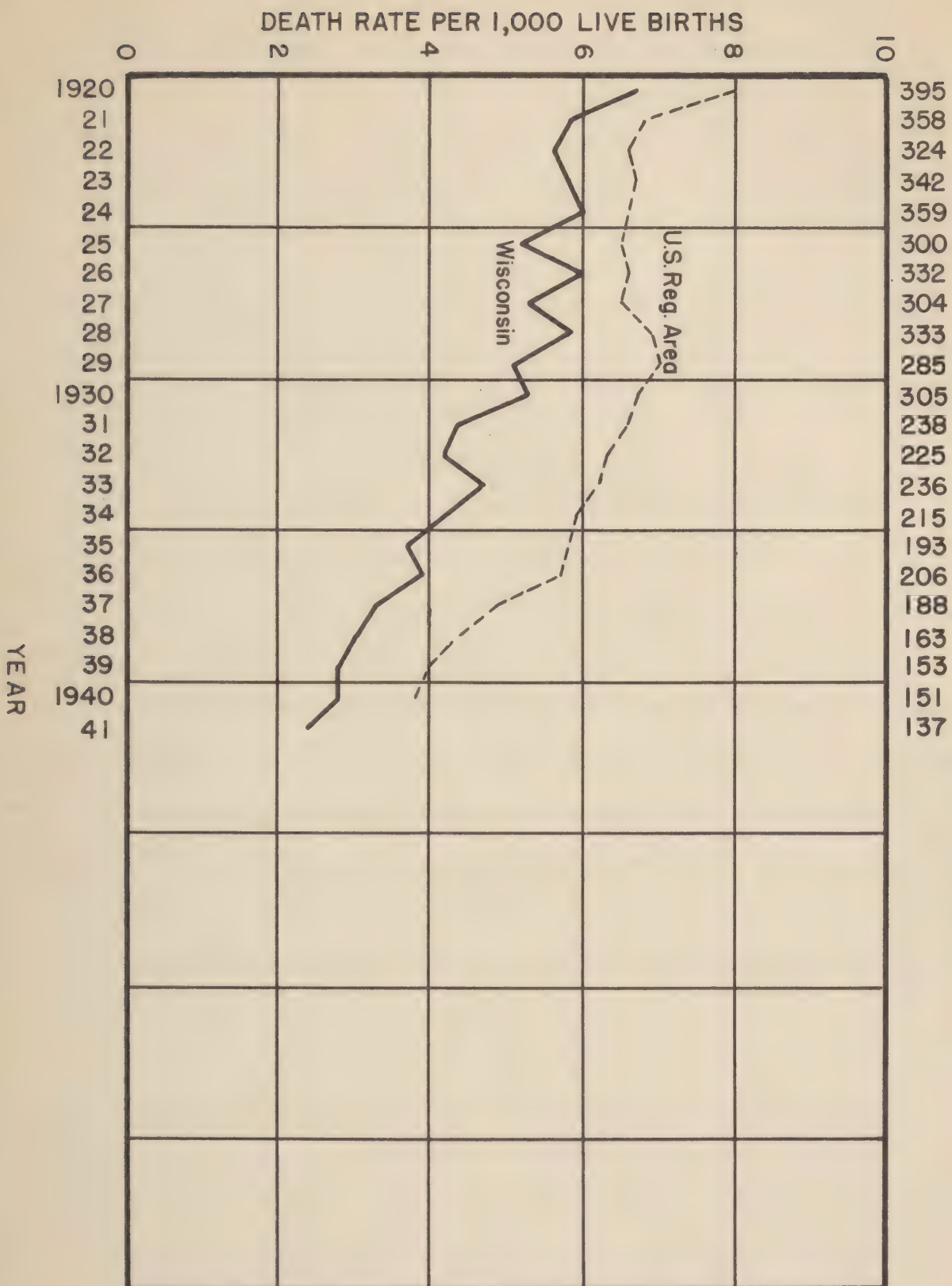
## MATERNAL DEATHS

The causes of maternal deaths fall into four large groups: (1) infection (2) toxemia (high blood pressure during pregnancy) (3) hemorrhage (4) miscellaneous causes. You will note on the chart that from 1920 until 1930 there was not a significant change in the number of women dying as the result of child-birth. Since 1930 there has been great emphasis placed upon the prevention of maternal deaths both by the state and federal governments. As a result there has been a steady decrease in these deaths.

These remarkable changes have resulted from the prevention of many deaths due to infections and toxemia. Many such deaths can be prevented if the physician can see the expectant mother early in the pregnancy and advise her regularly during the subsequent months. Another factor is that with improvement in hospital techniques and facilities, obstetrical care has been improved. In the future we can expect even further reductions in maternal deaths, especially from hemorrhage, because blood transfusions and blood substitutes are becoming more generally available in the smaller hospitals.

# MATERNAL DEATHS

## TOTAL DEATHS IN WISCONSIN





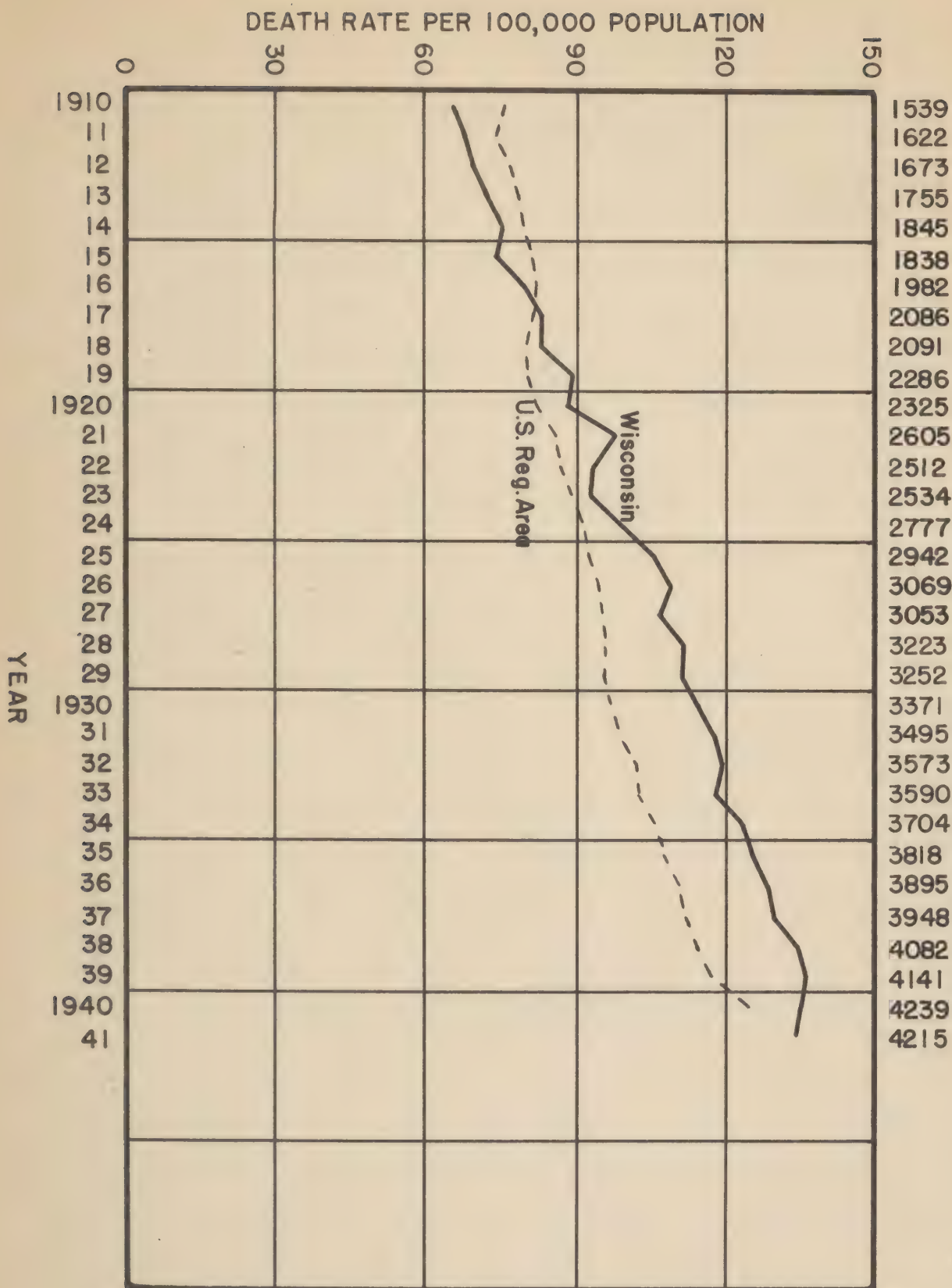
## CANCER

The incidence of cancer has been steadily and rapidly increasing. It will be noted that the average length of life is now sixty (60) years, while in 1910 it was forty (40) years. Therefore, a greater number of people are living to an age where cancer, or other constitutional diseases, play a more important factor as a cause of death. Increasing knowledge in diagnostic methods is also a factor in this increase.

The early removal of cancerous areas and the proper use of X-ray and radium therapy are doubtlessly preventing many deaths. In the cure of cancer it is essential that an early diagnosis upon any suspicious sore or suspicious symptom be promptly made in order that proper curative procedures be undertaken.

# CANCER

## TOTAL DEATHS IN WISCONSIN



1539  
1622  
1673  
1755  
1845  
1838  
1982  
2086  
2091  
2286  
2325  
2605  
2512  
2534  
2777  
2942  
3069  
3053  
3223  
3252  
3371  
3495  
3573  
3590  
3704  
3818  
3895  
3948  
4082  
4141  
4239  
4215



## ORGANIC HEART DISEASE

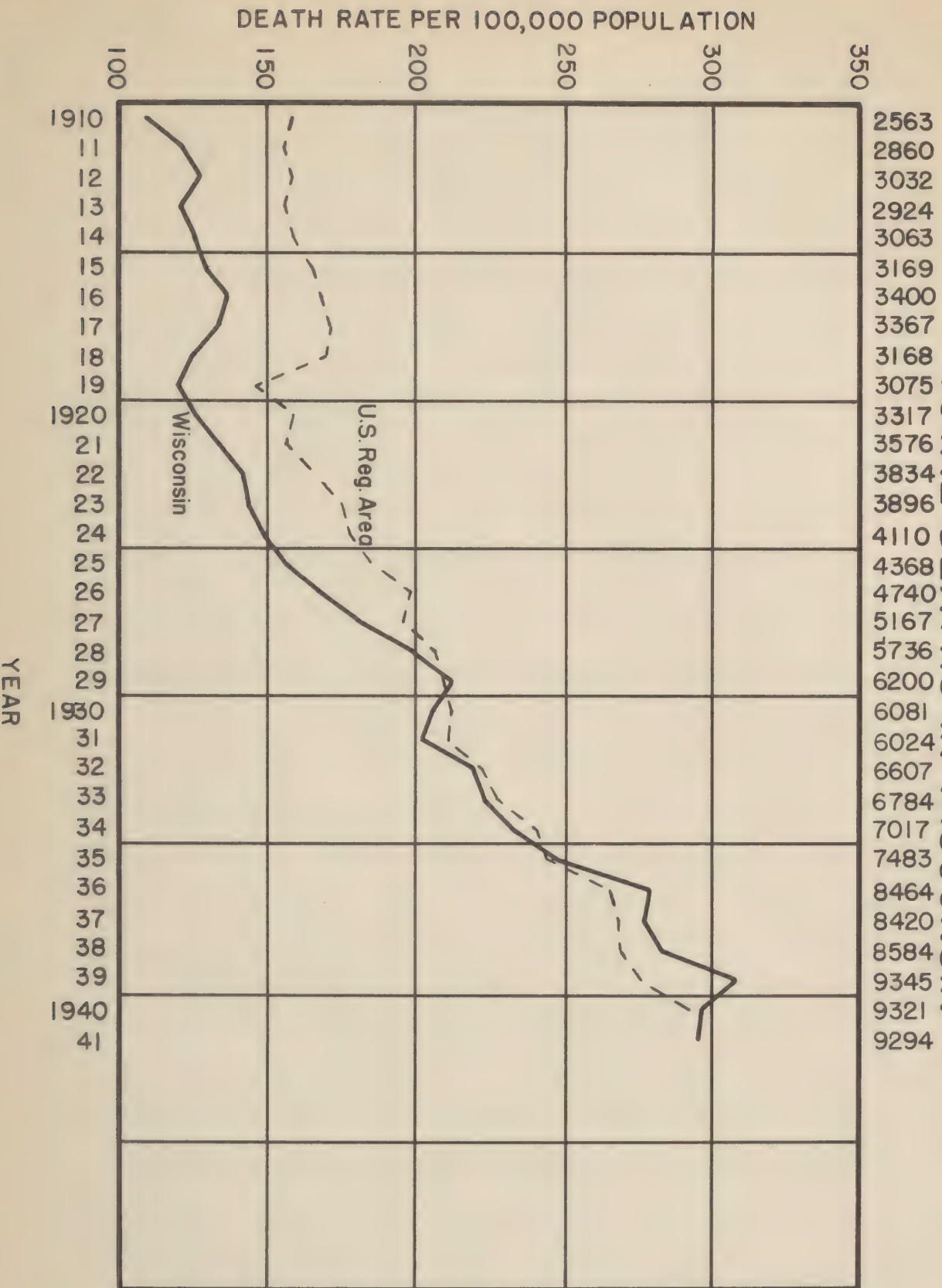
The death rate from organic heart disease is rapidly rising. The majority of deaths from heart disease occur beyond middle life. Responsible factors include the wear and tear upon the body with advancing age, and infections such as rheumatism and syphilis. Any future decline in deaths from organic heart disease must be accomplished largely through reducing the number of cases of infections, such as rheumatism, more adequately treating syphilis, and early discovery through physical examinations of existing cases of heart disease in the incipient form with attendant regulation of the manner of living so as to prolong life. With the lengthening of human life, the diseases common to advanced age become more conspicuous and much of the increase in death rate from heart disease may be due to this prolonged life.

Undoubtedly the high speed at which we are living, the lack of proper quiet and rest during the noon hour, and the late hours at night, as a result of our vicious social custom, become serious factors in producing fatalities from heart disease.

# ORGANIC HEART DISEASE

## COMBINED FORMS

### TOTAL DEATHS IN WISCONSIN







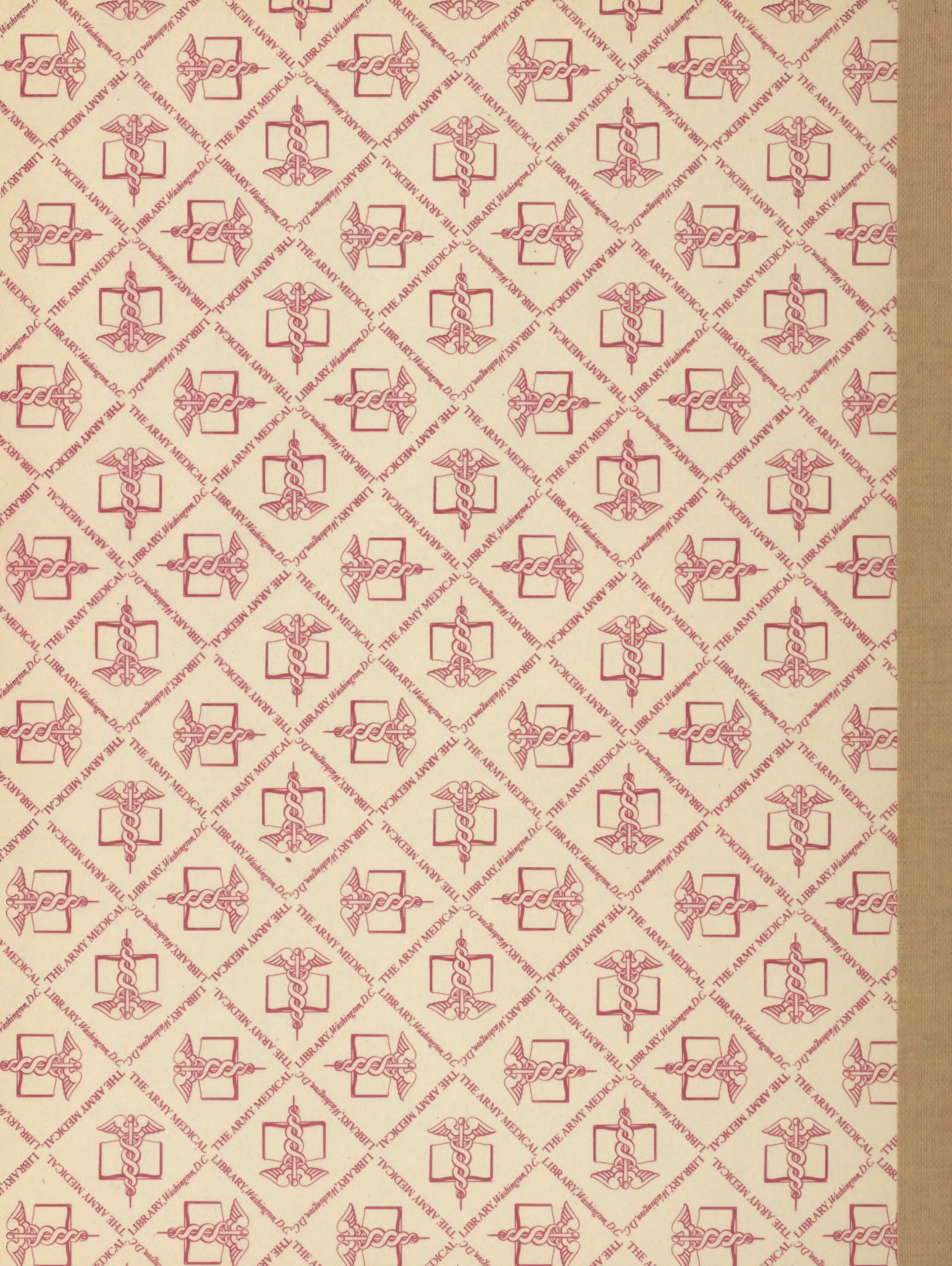














PRESSBOARD  
PAMPHLET BINDER

Manufactured by  
GAYLORD BROS. Inc.  
Syracuse, N. Y.  
Stockton, Calif.



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